About Entrez
Text Version

Entrez PubMed
Overview
Help | FAQ
Tutorial
New/Noteworthy
E-Utilities

PubMed Services
Journals Database
MeSH Database
Single Citation Matcher
Batch Citation Matcher
Clinical Queries
Special Queries
LinkOut
My NCBI (Cubby)

Related Resources
Order Documents
NLM Catalog
NLM Gateway
TOXNET
Consumer Health
Clinical Alerts
ClinicalTrials.gov
PubMed Central

1: Cancer Res. 1990 Sep 1;50(17):5358-64. Related Articles, Links

Suppressor cell activity in a randomized trial of patients receiving active specific immunotherapy with melanoma cell vaccine and low dosages of cyclophosphamide.

Hoon DS, Foshag LJ, Nizze AS, Bohman R, Morton DL.

Division of Surgical Oncology, John Wayne Cancer Clinic, Armand Hammer Laboratories, Jonsson Cancer Center, Los Angeles, California.

Previous studies have shown that melanoma patients develop an immune response to cell surface melanoma-associated antigens. The presence of this antibody response to cell surface antigens has been correlated with a better clinical outcome when melanoma patients are treated with an allogeneic melanoma cell vaccine (MCV) as an active immunotherapy protocol. It was hypothesized that the inability to consistently induce or enhance existing immune responses to melanoma-associated antigens was related to the downregulation by suppressor cells. Patients received treatments of MCV 3 times in a 4-week interval and then every fourth week. The biological response modifier cyclophosphamide (CYP) is an immunomodulator of suppressor T-cell function. In this study we set out to determine whether CYP given prior to MCV could reduce suppressor cell activity during vaccination. In a randomized trial stage II and III melanoma patients (n = 41) were given MCV alone or in conjunction with CYP at dosages of 300, 150, or 75 mg/m2. CYP was given 3 days prior to each MCV treatment. Suppressor cell activity in patients was monitored by a concanavalin A suppressor assay using peripheral blood lymphocytes from serial phlebotomies during a 12-week period of treatment. In each trial group there were patients who had major reduction in suppressor cell activity (greater than 50%). Overall, the greatest reduction in suppressor cell activity occurred in patients receiving 300 mg/m2 CYP compared to the other CYP dosages or MCV alone. For the first two treatments at all CYP dosages there was a greater number of patients showing reduced suppressor cell activity compared to later treatments. In a comparison of patients receiving MCV alone to MCV + CYP 300 mg/m2 phenotypic analysis of lymphocyte subsets showed significant (P = 0.03) reduction in the CD8+CD11B+

d l16 3

L16 ANSWER 3 OF 8 MEDLINE on STN
AN 88025552 MEDLINE
DN PubMed ID: 3311201
TI Mixed hematopoietic chimerism following bone marrow transplantation for hematologic malignancies.
AU Petz L D; Yam P; Wallace R B; Stock A D; de Lange G; Knowlton R G; Brown V A; Donis-Keller H; Hill L R; Forman S J; +
CS Department of Clinical and Experimental Immunology, City of Hope National Medical Center, Duarte, CA.
NC CA 30206 (NCI)
CA33572 (NCI)
SO Blood, (1987 Nov) 70 (5) 1331-7.
Journal code: 7603509. ISSN: 0006-4971.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 198712
ED Entered STN: 19900305
Last Updated on STN: 19970203
Entered Medline: 19871211

=> d l16 3 ab

L16 ANSWER 3 OF 8 MEDLINE on STN
AB Twenty-nine of 172 patients (17%) who received an allogeneic bone marrow transplant (BMT) from histocompatible sibling donors for hematologic malignancies were mixed hematopoietic chimeras; ie, they had a **mixture** of donor and host hematopoietic or lymphohematopoietic cells at greater than or equal to 14 days after transplantation. Twenty-four of the 29 mixed chimeras (83%) have remained in continuous complete remission for up to 116 months (greater than 9 years) following BMT. Four of the 29 patients (14%) have had recurrent leukemia, and 7 of the 29 (24%) have had moderate or severe graft-v-host disease (GVHD). Twelve of these 29 patients have persisted as stable mixed chimeras for greater than or equal to 2 years after BMT, whereas other patients converted to all donor-type hematopoiesis. The incidence of mixed chimerism was independent of the pretransplant regimen, the donor or recipient age (less than 20 v greater than 20 years), remission status (first complete remission of acute leukemia and first chronic phase of chronic myelocytic leukemia v later stages of disease), and type of leukemia. Our data indicate that mixed hematopoietic chimerism is not rare after BMT for hematologic malignancies and that its presence is compatible with long-term disease-free survival. Prospective studies of mixed chimerism after BMT are warranted to achieve better understanding of its biologic importance.

d his

(FILE 'HOME' ENTERED AT 14:37:14 ON 07 AUG 2005)

FILE 'MEDLINE' ENTERED AT 14:37:27 ON 07 AUG 2005

L1	20	S	MIXED ANTIGENS
L2	1	S	MHC AND L1
L3	0	S	MIXED RED BLLOD CELLS
L4	3	S	MIXED RED BLOOD CELLS
L5	0	S	MIXTURE FOUR ANTIGENS
L6	0	S	MIXTURE FOUR MHC
L7	0	S	MIXTURE FOUR ALLOTYPE?
L8	0	S	ALLOTYPE MIXTURE
L9	0	S	ALLOTYPES MIXTURE
L10	0	S	MIXTURE MHC-I AND MHC-II
L11	0	S	RED BLOOD CELLS MIXTURE
L12	1	S	MIXING RED BLOOD CELLS
L13	3121	S	ALLOTYPES
L14	609229	S	ANTIGEN?
L15	1396	S	L13 AND L14
L16	8	S	MIXTURE AND L15

WEST Search History

Hide Items | Restore | Clear | Cancel

DATE: Sunday, August 07, 2005

Hide?	Set Name	Query	Hit Count
		DB=EPAB; PLUR=YES; OP=ADJ	
☐	L29	WO-9633734-A1.did.	1
☐	L28	WO-9633734-A1.did.	1
☐	L27	WO-9633734-A1.did.	1
		DB=DWPI; PLUR=YES; OP=ADJ	
☐	L26	Morton D L.in.	15
		DB=USPT; PLUR=YES; OP=ADJ	
☐	L25	US-5262177-A.did.	1
		DB=DWPI; PLUR=YES; OP=ADJ	
☐	L24	2188637	8
☐	L23	2133146	8
☐	L22	0668350	0
☐	L21	0 668 350	0
		DB=USPT; PLUR=YES; OP=ADJ	
☐	L20	5030621.pn.	1
☐	L19	5427664.pn.	1
☐	L18	5194384.pn.	1
☐	L17	5030621.pn.	1
☐	L16	4562160.pn.	1
☐	L15	4557931.pn.	1
☐	L14	4233286.pn.	1
☐	L13	5840317	3
☐	L12	5569585.pn.	1
☐	L11	5484596.pn.	1
☐	L10	5192537.pn.	1
☐	L9	multiple tumor associated antigen	5
☐	L8	mixture tumor associated antigen	1
☐	L7	combined tumor associated antigen	0
☐	L6	mixed tumor associated antigen	0
☐	L5	tumor associated antigen	1986
☐	L4	CancerVax	4
		DB=DWPI; PLUR=YES; OP=ADJ	

☐	L3	canvaxin	0
	DB=PGPB; PLUR=YES; OP=ADJ		
☐	L2	canvaxin	3
	DB=USPT; PLUR=YES; OP=ADJ		
☐	L1	canvaxin	0

END OF SEARCH HISTORY

=> d l1 1-20 ti

L1 ANSWER 1 OF 20 MEDLINE on STN
TI Protective effects of sugar cane extracts (SCE) on Eimeria tenella infection in chickens.

L1 ANSWER 2 OF 20 MEDLINE on STN
TI Development of a mixed antigen agar gel enzyme assay (AGEA) for the detection of antibodies to poxvirus in chicken and turkey sera.

L1 ANSWER 3 OF 20 MEDLINE on STN
TI Expression and identification of phage display library for Fab fragments of colorectal cancer-related antibodies.

L1 ANSWER 4 OF 20 MEDLINE on STN
TI Effects of the lipopolysaccharide-protein complex and crude capsular antigens of Pasteurella multocida serotype A on antibody responses and delayed type hypersensitivity responses in the chicken.

L1 ANSWER 5 OF 20 MEDLINE on STN
TI Stage-specific induction of cytokines regulates the immune response in lymphatic filariasis.

L1 ANSWER 6 OF 20 MEDLINE on STN
TI Chemiluminescent immunoassays: discrimination between the reactivities of natural and human patient antibodies with antigens from eukaryotic pathogens, Trypanosoma cruzi and Paracoccidioides brasiliensis.

L1 ANSWER 7 OF 20 MEDLINE on STN
TI Evaluation of a passive microcapsule agglutination test for the screening of human leptospirosis.

L1 ANSWER 8 OF 20 MEDLINE on STN
TI Immune response to oil-emulsion vaccines with single or **mixed antigens** of Newcastle disease, avian influenza, and infectious bronchitis.

L1 ANSWER 9 OF 20 MEDLINE on STN
TI Bovine adenoviruses--IV. Two **mixed antigens** for routine serodiagnosis by complement fixation reaction.

L1 ANSWER 10 OF 20 MEDLINE on STN
TI [Use of **mixed antigens** for the immunofluorescence reaction in seroepidemiological research].
Ispol'zovanie smeshannykh antigenov dlia reaktsii immunofliuorestsentsii pri seroepidemiologicheskikh issledovaniiakh.

L1 ANSWER 11 OF 20 MEDLINE on STN
TI Development of a simple serological method for diagnosing leptospirosis: a microcapsule agglutination test.

L1 ANSWER 12 OF 20 MEDLINE on STN
TI [Structure of the enzootic cattle leukosis virus. 1. Biophysicochemical characterization of several virus-specific components].
Struktur des Virus der enzootischen Rinderleukose. 1. Mitteilung: Biophysikochemische Charkaterisierung mehrerer virusspezifischer Komponenten.

L1 ANSWER 13 OF 20 MEDLINE on STN
TI The B-cell development independent of the bursa of Fabricius but dependent upon the thymus in chickens treated with testosterone propionate.

L1 ANSWER 14 OF 20 MEDLINE on STN
TI Evaluation of different antigens in the complement-fixation test for diagnosis of Haemophilus pleuropneumoniae (parahaemolyticus) infections in swine.

L1 ANSWER 15 OF 20 MEDLINE on STN
TI [Allergy and immunity in tuberculosis caused by **mixed antigens**; microbial and trichophyton allergies].
Allergie et immunite dans la tuberculose par antigenite croisee, microbienne et trichophytinique allergiques.

L1 ANSWER 16 OF 20 MEDLINE on STN
TI THE PRODUCTION OF SPECIFIC RABBIT ANTIBODIES BY INJECTING INDIVIDUAL ANTIGEN-ANTIBODY COMPLEXES SEPARATED FROM **MIXED ANTIGENS**

L1 ANSWER 17 OF 20 MEDLINE on STN
TI Separation of antigens by immunological specificity. 1. Method for separating individual antigen-antibody complexes from **mixed antigens** and antibodies.

L1 ANSWER 18 OF 20 MEDLINE on STN
TI An orienting study of animal sera for antibodies against Leptospira by **mixed antigens** in the complement fixation reaction. Part II. Results in comparison to the agglutination-lysis reaction.

L1 ANSWER 19 OF 20 MEDLINE on STN
TI A comparison of the antigenicity characteristics of **mixed antigens** in the child and the guinea-pig.

L1 ANSWER 20 OF 20 MEDLINE on STN
TI An orienting study of animal sera for antibodies against Leptospira by **mixed antigens** in the complement fixation reaction. Part I. Perfection of the technic.